



Volunteer Service Bank (VSB) Volunteer Sign-up Information

First: _____ Last: _____ Date: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Birthday: _____

Email: _____

Time of Day Available:

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Areas Interested in Volunteering:

- Better Together: Adopt a grandparent! Gain knowledge and a friend from an elderly person in the Brookings Community.
- No Cost Medical Transportation: Drive elderly, handicapped, youth and underprivileged to their medical appointments in surrounding areas. (Mileage reimbursed for drives outside of Brookings.)
- Snow Removal: Help remove snow from sidewalks and driveways of those who cannot
- Errand Helper: Bring clients grocery shopping or help pick up and deliver groceries

Volunteer Signature: _____

Escort and Transportation Volunteers: Additional Information is needed from those volunteers who may provide transportation to service recipients through the Volunteer Service Bank. All volunteers will be covered by liability insurance and volunteers providing transportation will be covered on an additional cost basis paid by the VSB.

PLEASE COMPLETE THE FOLLOWING:

Driver's license number and state issued: _____

Expiration date of driver's license: _____

Do you carry auto liability? Yes No

Have you had any driving violations in the past year? Yes No

If so, please explain:



Send completed form to:
PO Box 527, Brookings, SD 57006 or brookingsVSB@gmail.com

